

1 LOCATION OF WATER WELL:		Fraction	Section Number	Township Number	Range Number
County: <u>FORD</u>		<u>SE 1/4 SW 1/4 SW 1/4</u>	<u>31</u>	T <u>26</u> S	R <u>25</u> EW
Distance and direction from nearest town or city street address of well if located within city? <u>3 MILES WEST OF DODGE CITY, KS.</u>					
2 WATER WELL OWNER:		Board of Agriculture, Division of Water Resources			
RR#, St. Address, Box # : <u>RR #2</u>		Application Number:			
City, State, ZIP Code : <u>DODGE CITY, KS. 67801</u>					
3 LOCATE WELL'S LOCATION WITH AN "X" IN SECTION BOX:		4 DEPTH OF COMPLETED WELL: <u>150</u> ft. ELEVATION:			
		Depth(s) Groundwater Encountered 1. <u>28</u> ft. 2. <u>134</u> ft. 3. <u>150</u> ft.			
		WELL'S STATIC WATER LEVEL <u>118</u> ft. below land surface measured on mo/day/yr <u>6-4-88</u>			
		Pump test data: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Est. Yield _____ gpm: Well water was _____ ft. after _____ hours pumping _____ gpm			
		Bore Hole Diameter <u>10</u> in. to <u>150</u> ft., and _____ in. to _____ ft.			
		WELL WATER TO BE USED AS:			
		1 Domestic <input checked="" type="checkbox"/> 3 Feedlot <input type="checkbox"/> 6 Oil field water supply <input type="checkbox"/> 9 Dewatering <input type="checkbox"/> 12 Other (Specify below) _____ 2 Irrigation <input type="checkbox"/> 4 Industrial <input type="checkbox"/> 7 Lawn and garden only <input type="checkbox"/> 10 Observation well <input type="checkbox"/>			
		Was a chemical/bacteriological sample submitted to Department? Yes _____ No <input checked="" type="checkbox"/> If yes, mo/day/yr sample was submitted _____			
		Water Well Disinfected? Yes <input checked="" type="checkbox"/> No _____			
5 TYPE OF BLANK CASING USED:					
1 Steel <input type="checkbox"/>		3 RMP (SR) <input type="checkbox"/>		5 Wrought iron <input type="checkbox"/>	
2 PVC <input checked="" type="checkbox"/>		4 ABS <input type="checkbox"/>		6 Asbestos-Cement <input type="checkbox"/>	
				7 Fiberglass <input type="checkbox"/>	
				8 Concrete tile <input type="checkbox"/>	
				9 Other (specify below) _____	
Blank casing diameter <u>5</u> in. to <u>150</u> ft., Dia. _____ in. to _____ ft., Dia. _____ in. to _____ ft.		CASING JOINTS: Glued <input checked="" type="checkbox"/> Clamped _____			
Casing height above land surface <u>18</u> in., weight <u>200</u> lbs./ft. Wall thickness or gauge No. <u>sch. 200</u>		Welded _____			
TYPE OF SCREEN OR PERFORATION MATERIAL:		Threaded _____			
1 Steel <input type="checkbox"/>		3 Stainless steel <input type="checkbox"/>		5 Fiberglass <input type="checkbox"/>	
2 Brass <input type="checkbox"/>		4 Galvanized steel <input type="checkbox"/>		6 Concrete tile <input type="checkbox"/>	
				7 PVC <input checked="" type="checkbox"/>	
				8 RMP (SR) <input type="checkbox"/>	
				9 ABS <input type="checkbox"/>	
				10 Asbestos-cement <input type="checkbox"/>	
				11 Other (specify) _____	
				12 None used (open hole) <input type="checkbox"/>	
SCREEN OR PERFORATION OPENINGS ARE:		11 None (open hole) <input type="checkbox"/>			
1 Continuous slot <input type="checkbox"/>		3 Mill slot <input type="checkbox"/>		5 Gauzed wrapped <input type="checkbox"/>	
2 Louvered shutter <input type="checkbox"/>		4 Key punched <input type="checkbox"/>		6 Wire wrapped <input type="checkbox"/>	
				7 Torch cut <input type="checkbox"/>	
				8 Saw cut <input checked="" type="checkbox"/>	
				9 Drilled holes <input type="checkbox"/>	
				10 Other (specify) _____	
SCREEN-PERFORATED INTERVALS:		From <u>130</u> ft. to <u>150</u> ft., From _____ ft. to _____ ft.			
		From _____ ft. to _____ ft., From _____ ft. to _____ ft.			
GRAVEL PACK INTERVALS:		From <u>120</u> ft. to <u>150</u> ft., From _____ ft. to _____ ft.			
		From <u>15</u> ft. to <u>110</u> ft., From _____ ft. to _____ ft.			
6 GROUT MATERIAL:					
1 Neat cement <input type="checkbox"/>		2 Cement grout <input type="checkbox"/>		3 Bentonite <input checked="" type="checkbox"/>	
4 Other _____					
Grout Intervals: From <u>110</u> ft. to <u>120</u> ft., From <u>0</u> ft. to <u>15</u> ft., From _____ ft. to _____ ft.					
What is the nearest source of possible contamination:					
1 Septic tank <input checked="" type="checkbox"/>		4 Lateral lines <input type="checkbox"/>		7 Pit privy <input type="checkbox"/>	
2 Sewer lines <input type="checkbox"/>		5 Cess pool <input type="checkbox"/>		8 Sewage lagoon <input type="checkbox"/>	
3 Watertight sewer lines <input type="checkbox"/>		6 Seepage pit <input type="checkbox"/>		9 Feedyard <input type="checkbox"/>	
				10 Livestock pens <input type="checkbox"/>	
				11 Fuel storage <input type="checkbox"/>	
				12 Fertilizer storage <input type="checkbox"/>	
				13 Insecticide storage <input type="checkbox"/>	
				14 Abandoned water well <input type="checkbox"/>	
				15 Oil well/Gas well <input type="checkbox"/>	
				16 Other (specify below) _____	
Direction from well? <u>North west</u>				How many feet? <u>144 ft.</u>	
FROM	TO	LITHOLOGIC LOG	FROM	TO	LITHOLOGIC LOG
0	28	Fine sand			
28	43	Gravel			
43	51	Clay			
51	134	Fine sand 30% to clay			
134	150	Gravel			
150	-	Clay			
7 CONTRACTOR'S OR LANDOWNER'S CERTIFICATION: This water well was (1) constructed, (2) reconstructed, or (3) plugged under my jurisdiction and was completed on (mo/day/year) <u>6-4-88</u> and this record is true to the best of my knowledge and belief. Kansas Water Well Contractor's License No. <u>423-17</u> This Water Well Record was completed on (mo/day/yr) <u>6-4-88</u> under the business name of <u>CLINE DRILLING CO.</u> by (signature) <u>Jack D. Cline</u>					
INSTRUCTIONS: Use typewriter or ball point pen. PLEASE PRESS FIRMLY and PRINT clearly. Please fill in blanks, underline or circle the correct answers. Send top three copies to Kansas Department of Health and Environment, Bureau of Water Protection, Topeka, Kansas 66620-7320, Telephone: 913-862-9360. Send one to WATER WELL OWNER and retain one for your records.					

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